

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081035

FILED
Apr 30, 2009
Secretary of State

Entity Name: FLORIDA FIRE & SAFETY, LLC

Current Principal Place of Business:

530 PAUL MORRIS DRIVE
ENGLEWOOD, FL 34223

New Principal Place of Business:

821 BUCKSKIN CT
ENGLEWOOD, FL 34223

Current Mailing Address:

530 PAUL MORRIS DRIVE
ENGLEWOOD, FL 34223

New Mailing Address:

821 BUCKSKIN CT
ENGLEWOOD, FL 34223

FEI Number: 20-5389584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORZILIUS, ERIK V
2100 TAMiami TRAIL S
SUITE C
VENICE, FL 34293 US

Name and Address of New Registered Agent:

FAUTEUX, ROBIN R
821 BUCKSKIN CT
ENGLEWOOD
FL, FL 34223 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBIN R FAUTEUX

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FAUTEUX, RICHARD JR
Address: 530 PAUL MORRIS DRIVE
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FAUTEUX, RICHARD E JR
Address: 821 BUCKSKIN CT
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGRM () Change (X) Addition
Name: FAUTEUX, ROBIN R
Address: 821 BUCKSKIN CT
City-St-Zip: ENGLEWOOD, FL 34223 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICHARD E FAUTEUX JR

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date